

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	M G		12/7/02
<b>O.I.P.E. CLASSIFIER</b>		49	2/10/03
<b>FORMALITY REVIEW</b>	W	67478	2/26/03
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/03
2	✓	✓	1/10/03
3	✓	✓	1/10/03
4	✓	✓	1/10/03
5	✓	✓	1/10/03
6	✓	✓	1/10/03
7	✓	✓	1/10/03
8	✓	✓	1/10/03
9	✓	✓	1/10/03
10	✓	✓	1/10/03
11	✓	✓	1/10/03
12	✓	✓	1/10/03
13	✓	✓	1/10/03
14	✓	✓	1/10/03
15	✓	✓	1/10/03
16	✓	✓	1/10/03
17	✓	✓	1/10/03
18	✓	✓	1/10/03
19	✓	✓	1/10/03
20	✓	✓	1/10/03
21	O	O	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	O	O	
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29	X N N		
30	X N N		
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If more than 150 claims or 10 actions  
 staple additional sheet here

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